

- Normalcy of home visiting services
- Lack of gender specific treatment - partially due to finite amount of funding
- Expand the vision of what home visiting may include
  - Non-traditional providers
- Ability to saturate a community and fully serve the needs
  - Serving families
  - Providing a variety of services
- Importance of marketing
- Transition from HV to what comes next
- Addition professional development for working with families with specific needs
  - Substance-use disorder
  - Homelessness
- Keeping pregnant women engaged after entering treatment
- Training and fidelity monitoring
- Evaluation
- Sharing tools across communities, using that to build capacity
- Availability of services once HV ends
- Parent engagement training for HV providers
- Care coordination
- Lack of mental health access for parents and children – how can that be integrated into HV models
- Caution to not develop “one size fits all” model of services
- Importance of parental choice
- Part of health reform legislation – recognition that some communities need more intensive services
- Beginning of a state-system, a model that may be developed nationally
- Importance of HV for children 3-8
- Importance of focusing on teen mothers